

ATTACHMENT H – OMWESB OUTREACH PLAN

MWESB Participation

As noted in Governor Kitzhaber’s Executive Order 12-03: “Minority-owned and Woman-owned businesses continue to be a dynamic and fast-growing sector of the Oregon economy. Oregon is committed to creating an environment that supports the ingenuity and industriousness of Oregon’s Minority Business Enterprise [MBE] and Woman Business Enterprise [WBE]. Emerging Small Business [ESB] firms are also an important sector of the state’s economy.”

Oregon MWESB certified firms, as defined in ORS 200.055, have an equal opportunity to participate in the performance of Contracts financed with state funds. By submitting its Proposal, Proposer certifies that it will take reasonable steps to ensure that MWESB certified firms are provided an equal opportunity to compete for and participate in the performance of any subcontracts resulting from this procurement. Proposer further certifies and agrees that it has not discriminated and will not discriminate in its employment practices with regard to race, creed, age, religious affiliation, sex, disability, sexual orientation or national origin, and it has not discriminated and will not discriminate against a subcontractor in the awarding of a subcontract because the subcontractor is a minority, woman or emerging small business enterprise certified under ORS 200.055.

If there may be opportunities for subcontractors to work on the project, it is the expectation of Agency that the Proposer will take reasonable steps to ensure that MWESB certified firms are provided an equal opportunity to compete for and participate in the performance of any contract and/or subcontracts resulting from this procurement.

Prior to Contract Award, the highest ranked Proposer must provide, within five days of Notice of Intent to Award, an MWESB Outreach Plan using the form on the following page. The information submitted on this form to this clause will not be considered in any scored evaluation and no evaluative points will be assigned to the information.

1. Is Proposer an Oregon certified Minority-Owned, Woman-Owned or Emerging Small Business?

Yes ☐ No ☐

If yes, indicate all certification type(s): MBE ☐ WBE ☐ ESB ☐ DBE ☐

Oregon State Certification number: _____

2. Does Proposer foresee any subcontracting opportunities for this procurement? Yes ☐ No ☐

If no, do not complete the rest of this form.

3. The Proposer shall provide a narrative description of its experience in obtaining MWESB firms participation as subcontractors, consultants or suppliers on previous projects, and discuss any innovative or particularly successful measures that the Proposer has undertaken. The Proposer shall include a list of those certified firms with which it has had a contractual relationship during the past 24 months immediately preceding the date this solicitation document was issued. If none, mark the following checkbox:

☐ ***No prior experience obtaining participation from MWESB certified firms.***

4. The Proposer shall provide examples where MWESB participation was achieved, along with information on MWESB subcontracting participation levels for up to three projects/contracts that the Proposer is either currently performing or has completed within the past 24 months immediately preceding the date this solicitation document was issued. MWESB participation should be described as the percentage of the dollar value of subcontracts and material or supply contracts awarded to MWESBs as compared with the total dollar value of subcontracts and material or supply contracts let for each identified project or contract. The Proposer shall describe any technical assistance or mentoring the firm provided to MWESB firms subcontracting on each project. If none, mark the following checkbox:

☐ ***No prior experience obtaining participation from MWESB certified firms.***

Project 1 Name _____

Award Date ___/___/___ Completion Date ___/___/___ Contract Award Amount \$ _____

MWESB goal percentage, if applicable _____% MWESB achievement percentage _____%

MWESB Subcontract Award Amount \$ _____ MWESB Spend Achieved \$ _____

Describe any technical assistance or mentoring provided to MWESB firms subcontracting on this project.

Project 2 Name _____

Award Date ___/___/___ Completion Date ___/___/___ Contract Award Amount \$ _____

MWESB goal percentage, if applicable _____% MWESB achievement percentage _____%

MWESB Subcontract Award Amount \$ _____ MWESB Spend Achieved \$ _____

Describe any technical assistance or mentoring provided to MWESB firms subcontracting on this project.

Project 3 Name _____

Award Date ___/___/___ Completion Date ___/___/___ Contract Award Amount \$ _____

MWESB goal percentage, if applicable _____% MWESB achievement percentage _____%

MWESB Subcontract Award Amount \$ _____ MWESB Spend Achieved \$ _____

Describe any technical assistance or mentoring provided to MWESB firms subcontracting on this project.

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5. If the total cost of the awarded contract is expected to be greater than \$150,000, the Proposer shall describe the outreach and subcontracting plan it will use, if awarded the contract, to provide Oregon MWESB certified firms an equal opportunity to perform any subcontracts under the contract. The plan must be realistic and based on Proposer's successful past experience. If Proposer has no previous outreach experience, the Proposer shall describe the outreach plan it intends to use if awarded the contract.

The Proposer must include the following in its plan:

- i. A description of the steps that the Proposer will take to solicit MWESB participation;
- ii. A description of the mentoring, technical or other business development assistance the Proposer will provide to subcontractors needing or requesting such services.

If awarded the Contract, the Proposer must accept, as contract performance obligations, the outreach and subcontracting plan described in this section. ***If certified firms are unavailable for type of work to be performed, please indicate in this section.***

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Company Name: _____

Authorized Signature: _____ Date: __/__/__

Name of Authorized Representative: _____

Title: _____